



University Club of Rockford

945 North Main Street Rockford, Illinois 61103 Phone 815-962-1730 Fax 815-962-2749 www.uclubrockford.com

University Club of Rockford - Application for Membership

Date: _____

Full Name: _____

Date of Birth: _____

Spouse/Partner Full Name: _____

Date of Birth: _____

Home Address: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Social Security Number: _____

Business: _____

Position: _____

Business Address: _____

Zip: _____

Business Phone: _____

Email Address: _____

Spouse/Partner Business: _____

Position: _____

Business Address: _____

Zip: _____

Business Phone: _____

Email Address: _____

All Monthly Statements will be emailed unless stated otherwise? _____

Family Members – Children Under 25 Living In Your Home

Name	Relation	Date of Birth

University or College Attended: _____

Class: _____ Course Pursued: _____ Degree Earned: _____

Additional Colleges Attended and Degrees Earned: _____

Spouse/Partner University or College Attended and Degrees Earned: _____

Are you related to a University Club of Rockford member? _____

If so, please give name and relation: _____

I, _____ hereby make formal application to become a member of the University Club of Rockford submitting the above data as to my qualification and certify that the above information is correct.

Applicant's Signature: _____ Date: _____

Sponsored By (Please Print): _____ Date: _____

Sponsor's Signature: _____

Seconded By: _____ Date: _____

Seconded Signature: _____

FOR BOARD OF DIRECTORS

Date presented to the Board of Directors for posting _____, 20_____

Elected Date: _____ Rejected Date: _____

Date Entered in Club Membership Roll: _____ By: _____